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| Staff member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **What were you hoping to receive from our service?** |
|  |
| **Did the service meet your expectations?** |
| Yes  No  Partially  Not Sure |
| **Will you return to our service?** |
| Yes  No  Partially  Not Sure |

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| --- |
| **Do you have any other comments?** |
|  |

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| --- |
| **Thank you for your feedback**  **It will help us to improve our service** |

Thank you for your feedback

It will help us to improve our service